

## **Exhibit 2a**

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-17-05 1130	<p>FU - Stasis Ulcer RT foot area -      pt c Varicose Disease lower      Extremities - Also thick fungal      naits - red trimming.</p> <p>PE - thick overgrown toenails      red trimming -      obvious ulcer comprome      Bl &amp; R low extremiti - RT      foot healing well - looking      Good c &amp; 2° Defect.</p> <p>1 - ① Stasis Ulcer - resolving - <del>RT foot</del>      ② Onychomycosis - Bl &amp; R      feet</p> <p>Plan - ① clean foot / c Acl/wrap.      ② Trimmed Toenails.      ③ pte X 1 wk</p> <p>Nutry <i>Jimmie S. Ward, PA-C</i>      Jimmie S. Ward, PA-C      FCI McLean</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McLean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grads.)	REGISTER NO.	WARD NO.
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Cheng, Danny  
 07928-078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1

000001

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/11/05	S: Rev of ankle ulcer. Pt states he is 1315 in a lot of pain, but it is better now. O.MAD PT: noted crusted areas of ankle bilateral, O exudate O edema, O effusion.
	A: venous
	P: (1) Education - Pt in 2 days - Pt understands (2) Anna boots taken off and ankles cleaned & libileanse
	<i>Custody PA-C</i>
	Eric Asp. PA-C
5/13/05	S: Rev of ankles. (Pt from 9/10, went against 0945 my advice and put self alone a bandage the area.) O.MAD Noted ↑ ulceration of ankles bilateral
	A: ulcer
	P: (1) Education - Pt in a week - Pt understands (2) Anna boots applied & adapt as self alone
	<i>Custody PA-C</i>

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			FCI McKean
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

07928-078

WARD NO.

Cherry, Darryl  
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
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000002

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/27/05 0730	<p>Admission: Nati - Came for medical supplies - gave 4x4's tape, silver sulfadiazine ointment. J. Glenn FNP-C</p>
6/10/05 1100	<p>S: Re visitable. Pt states that D ankle is completely healed and doing great. States C ankle has some pain, pain level 5/10. Does state that he is doing much better over all.</p> <p>ONAD</p> <p>ETT: D ankle is intact skin, no pain to palpation. C ankle is intact "raw" skin &amp; some pain to palpation.</p> <p>All stars where resolving.</p> <p>P/D Education - leg cast - Pt understands</p> <ul style="list-style-type: none"> <li>(1) non-weight bearing applied to silver sulfadiazine to D ankle/leg</li> <li>(2) 1/2 week for boot off or to visit trim</li> <li>(3) foot班� over apply to area BID (up to 1 R-3)</li> </ul> <p><i>Cast off 6/12</i></p>
Reviewed By: V. Geza, PharmD	<p><i>N</i></p> <p>Eric Asp, PA-C FCI McKean</p>

## MEDICAL RECORDS

## PHRONDOLOGICAL RECORD

## MEDICAL CARE

DATE	SYMPTOMS, DISORDERS, PROBLEMS	DIS. TREATMENT	TREATING DR.	ACTION (Sign each entry)
	<u>CLINIC(S):</u> ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrinology ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other:			
				<u>Hope</u>
	<u>SUBJECTIVE: (Chief Complaint)</u>			
5/10/05	<u>"I need to be in a wheelchair,"</u>			
1230h	<u>due for knee foot change tomorrow</u> <u>Pain terribly like</u>			
	<u>Med. Compliance:</u>			
	<u>OBJECTIVE: (Review System) Age: 52 Sex: Male Race: 8 days</u>			
	B/P: 110/60 P: 70 Wt: 230#	R/T: R	SO2%: 98%	Peak Flow:
	HEENT: O/C	Last Ob / Orth. Eval.: -		
	Heart: S1E	Wants mother understand		
	Lungs: SRE	Risk of Hope		
	Abdomen:	10/45		
	Genital / Rectal:	Left Foot		
	Extremities:	VR - Cavan yellow slugs		
	Neuro: type 1a AT 59	Diabetic fc Screen Test: 3/3		
	Recent Lab Results:	4/4		
	ASSESSMENT(S): Jill contract tomorrow (una foot off - walk sr, sit down, una foot & both legs)	Diabetic fc Screen Test: 3/3		
	DSM IV Classification	Axis I: Axis IV: 3/3		
	Axis II:	Axis V: GAF Score: 55		
	Axis III: People are gone 13	Axis V: GAF Score: 55		
	Preventive Care: Bloodlets	Exercise: 3/3		
	Tobacco Use:	Medication Side Effects:		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE	RECORDS MAINTAINED
SPONSOR'S NAME		SSN / ID NO.	FCI McKear	
PATIENT'S IDENTIFICATION: (For types or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade		REGISTER NO. 000004 07928-078		WARD NO.

Douglas Cherry

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STAN RD FORM 600 (REV. 5-27)

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

Pain Level: 1 2 3 4 5 6 7 8 9 10

PLAN:

## Patient Education:

- Discussed Test Results  Discussed Tx Plan  
 Etiology, Complications, Prognosis, Prevention  
 Diet, Diabetic / Cardiac / Disease, Lifestyle Changes  No Smoking  
 Medication Dosage / Administration / Compliance / Side Effects  
 Patient Understood Topics  Verbalized Understanding  
 Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies:  CBC / Diff  U/A  LFT  Chem. Profile  Lipids  HgA1c  
 PSA  Viral Load  CD4  Toxo IgG  Hepatitis Panel  
 CXR  EKG  Others:

Consultations:  Optometrist  Ophthalmologist  Orthopedic Surgeon  
 Others:

Off work in  
2-3 wk

Referral for Vaccination:  Influenza  Pneumococcal  Other:

elevate

Return to Clinic for routine Follow-Up on: 3 mo

## Treatments(s):

Motrin 800mg po q20 t/q #30 RF2  
 Bactin DS 1/2 ml bid t/q #30 RF2  
 SI vaccine use QD #1 brat  
 Hetz 50mg po QD t/q #30 RF2  
 Kd 10mg po QD t/q #30 RF2  
 Trental 400 mg po t/d #90 RF2

Reviewed By:  
 V. Geza, PharmD

WBG  
 H. BEAM, MD  
 FCI MCKEAN

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/28/05	S: Rv of ankle ulcer. It starts hurts sometimes.
1130	O. NAP noted heel & venous having area of white from treatment
A:	venous stasis & venous
P:	(1) Education - Flu in 1 week - Pt understands (2) podophyllin applied to ankles bilateral & difficultly Eric Asp PA-C PA-C
5/3/05	S: Rv of ankle. It starts severe pain and small
1310	of ankles bilateral. Pain 10/10. O. NAP ETX: Noted area of venous white and peeling. (1) exudate, (2) erythema, (3) edema
A:	venous
P:	(1) Education Try plan, Flu in 1 week - Pt understands (2) area deburred bilateral, cleaned & Hibicleanse, povidine (3) lidocaine, adaptec, and venos boot applied bilateral (4) call till 5/6/05 Eric Asp PA-C PA-C

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REGISTER NO.

07928-078

WARD NO.

Cherry, Parry/  
07928-078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

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000006

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/11/05	S: Had inmate brought to Health Services to check on his ulcer (Cantile). State he took his venus boot off after 10 days. He is not having any pain.
O: N/A	Eti: noted (1) ankle = intact skin and thin band of venous (per biopsy) still present. (2) ankle = similar band of growth A: venus staves to venous P+V Education - tx plan - Pt understands (2) Flu PRN (3) area of both ankles & growth had podophyllin applied the covered & bandaged. Instructed to leave on for 24 hours.
	Eric Asp PA-C
4/11/05	Side laceration Hepc - type I b
	Rtu C.C. Clinic

J. BEAM, MD  
MCKEAN

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REGISTER NO.	WARD NO.
07928-078	

Cherry, Darryl  
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/18/05 0900	Instituted lockdown sick call needle refit; Place Client Bacitracin and bid #1 RPS  ✓ Reviewed By: V. Geza, PharmD
	<i>MB</i> H. BEAM, MD FCI MCKEAN
3/15/05 1330	S: R✓ of where blister does great. 01 MAP ETT: noted area of rough skin at heel A: removed P: (1) Education - Pm every Tuesday - It understands (2) heel = podophyllin put on there End of Pte Eric Asp PAC
4/15/05 1040	S: R✓ of feet. Blister doing ok, 01 MAP ETT: noted injured rough area A: removed P: (1) Education - Pm every Tuesday - It understands (2) heel = podophyllin applied to (2) heel End of Pte

DATE	SYMPTOMS, DISORDERS, PROBLEMS	SIS. TREATMENT, TREATING DR.	ACTION (Sign each entry)
	CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrinics ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other:	<i>Hepc Pyrh&amp; Venous stasis</i>	
	SUBJECTIVE: (Chief Complaint)		
2/22/05 0940	Tk by PA (Assess Venuvitis - <i>Danile Beal</i> )		
	Med. Compliance:		
	OBJECTIVE: (Review System) Age: <u>52</u>	Sex: Male	Race:
	B/P: <u>96/60</u> P: <u>70</u> Wt: <u>233</u> T: <u>98.6</u>	R/I/R:	SO2%: Peak Flow:
	HEENT: <u>OK</u>	Last Op / Opth. Eval.: -	
	Heart: <u>OK</u>	Diabetic foot Screen Test Sta	
	Lungs: <u>clr</u>	1+ edig	
	Abdomen:	<i>Gentle pressed</i>	
	Genital / Rectal:		
	Extremities:		
	Neuro:		
	Recent Lab Results:		
	ASSESSMENT(S): <u>ALT 51</u>	Diabetic foot Screen Test Sta	
	DSM IV Classification		
	Axis I:	Axis IV:	
	Axis II:	Axis V: GAF Score:	
	Axis III: <i>Hepc Pyrh&amp; Venous stasis</i>		
	Preventive Care:	Diet: <u>watkes</u> Exercise: <u>yes</u>	
	Tobacco Use: <u>no</u>	Medication Side Effects: <u>no</u>	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE
SPONSOR'S NAME		SSN / ID NO.	RECORDS MAINTAINED FCI McKean

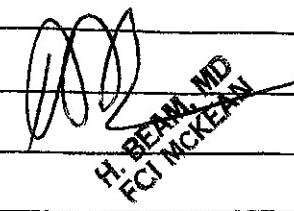
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No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

*07928-078*WARD NO.  
*000009*

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STAN RD FORM 600 (REV. 6-97)  
Printed by GSA / ICMR  
FEB 2001 (1 CFR) 201-202-1

*Daryl Cherry*

DATE:	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:	<i>Dleg</i>									
	Patient Education:	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.									
	Diagnostic Studies:	<input type="checkbox"/> CBC / Dif <input type="checkbox"/> U/A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others: <i>Genotype</i>									
	Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: ...									
	Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other: ...									
	Return to Clinic for routine Follow-Up on:	<i>3 mo</i>									
	Treatments(s):	<i>Nctz 50mg 7nd/d \$38 RF2</i> <i>Ket 10mg po QD #30 RF 2</i> <i>Trental 400mg po TID #90 RF2</i> <i>Tylenol 500 mg 5/20b/4 #30 RF4</i> <i>Bacitracen 1oz b.i.d #1 RF 4</i>									
	<i>weekly vit's</i> <i>cpt for Drsngs</i> <i>A</i>										
											

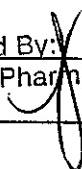
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NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/8/05	S: Re ✓ of ① foot ulcer. Pt states that he is doing ok, but is getting a lot of drainage O: NAP Ext: ① ankle is edematous - clear serous fluid. ② erythema, ③ edema A: relies P: ① Education - Pt in 1 week - Pt understands ② twice boot applied & one wrap after cleaned in Hibiclens and silvadene applied.
	Eric Asp PA-C
2/9/05	admin note: Rx refill
12/15	Motrin 400 mg #PO BID <sup>PRN</sup> Tylenol #30 R-O Reviewed By: V. Geza, PharmD 
	Colby Dse Eric Asp, PA-C FCI McKean

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Cherry, Darryl 07928-078		

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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000011



## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/19/05	<p>E: Emergency room call. Pt. states his (1) foot is very painful. Pain level 10/10. Pt. states the area under the ulcer came off &amp; the air plaster.</p> <p>O: NAD lab result biopsy - venous vulgaris Ex: noted area of skin where venous came off skin is intact but skin is tender. (2) exudate -</p> <p>A: Dulox (2) venous</p> <p>P: (1) Education - tx plan discussed w/ Pt. - Pt understands (2) idle x 3 days - given (3) area cleaned w/ hydrogen peroxide then silver sulfadiazine, adapalene and zinc ointment applied (4) scheduled for surgery 1/26, 2/2, 1/8 (5) motrin 400 mg i.m. po BID dispense # 32 R-D</p> <p style="text-align: right;">Eric Asp PA-C</p>
	Reviewed By V. Geza, PhD, MD
1/26/05 1030am	<p>Admin (1) Motry - IV Cutaneous Ulcer</p> <p>Area Cleaned w/ Hydrogen peroxide &amp; Dresing Silver Sulfadiazine (1) Uracil ointment &amp; Acibenzolase 1% (1) Healing Granulation &amp; Infected Pathology RTC 2/2/05 &amp; PRN</p> <p>Edur. Understanding /as per Robert E. Plotrowski, PA-C FCI McKean</p>

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Cherry, Darryl  
07928-078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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FIRMR (41 CFR) 201-9.202-1  
000013

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
1-26-05 1050h	<p>Admin. Note PFP / Cutaneous Ulcer          Matrix refill          Motrin 400 mg @ 9 AM PO BID Prolofin #304 Ref.          1-26-05</p> <p><i>[Handwritten Signature]</i></p> <p>Dennis Olson, MD Physician</p> <p>Robert E. Plotrowski, PA-C FCI McKean Robert E. Olson, MD, FRCR</p>	
2/3/05	<p>(5) This leg much worse st. foot and una boot o Paris          1200 foot and una boot o Paris          8601-10 scale</p> <p>(6) NAO          area st. foot healing 5          problem (1) granulation          signs of infection          (A) st. foot ulcer          (P) 1) Deep pressure          2) Irrigate and unaboot          applied, see wrap to          area</p> <p>3) Educated on care of          leg &amp; foot          3) Flu 2/8/05</p> <p>Rx 5) Motrin 400 mg tab po          TID prn c food #304R</p> <p><i>[Handwritten Signature]</i></p> <p>Reviewed By:          V. Geza, PharmD</p> <p><i>[Handwritten Signature]</i></p>	

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/30/04	S: Re ✓ of ① foot. 1050 States still no better 0: NAD
	ETT: noted area of freshly healed ulcer in area underneath callus.
	A: Ulcer
	P: ① Education - Rx in 1 week - Pt understands ② Soak and apply to area BID daytime #1 R-3 <i>Continue Rx</i>
	Reviewed By: V. Geza, PharmD
	<i>✓</i>
1/6/05	5: Re ✓ of ① foot. States does better.
1045	0: NAD ETT: noted intact skin in callus area underneath the area improved
	A: Ulcer
	P: ① Education - Rx use - Pt understands ② Rx in 1 week ③ Soak and plaster apply to area for 48 hours then remove 24 hours then reapply. daytime #4 R-3 <i>Continue Rx</i>
	Reviewed By: V. Geza, PharmD
	<i>✓</i>

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FIRMR (41 CFR) 201-9.202-1

000015



NSN 7840-00-834-4978

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/4/04	S: Re V ulcer and some boot callous.
1025	Pt has no complaints
	O: NAD
	EXT: noted ② ankle = healed ulceration Normal skin tone
	A: new static ulcer
	P: ① Education - Pta next wednesday - Pt understands ② unns boot applied 5 difficult
	Eric Asp PA-C
11/10/04	S: Re V of ulcer. Pt states he is doing ok
1040	O: NAD
	EXT: (Dankle is intact 5 day ulcerator)
	A: new static ulcer
	P: ① Education - D/c all treatment - Pt understands ② Pta PRN
	Eric Asp PA-C
12/16/04	<del>12/16/04</del>
	<del>12/16</del>
	<del>12/16</del>

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	07928-078	

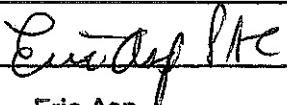
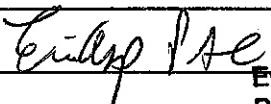
cherry, Darryl  
07928-078

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DATE	SYMPOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/17/04 1000	<p>5: Ulcer of L leg. Roster breaking down. needs some boot.</p> <p>O: NAD</p> <p>EXT: noted ulceration of L leg at ankle tender to palpation</p> <p>A: states ulcer</p> <p>P: (1) Education - wound care - Pt understands (2) area cleaned &amp; debrided; silverene and some boot</p> <p>(3) Pla in 1 week</p>
	 Eric Asp PA-C
12/23/04 1000	<p>5: RSV of leg. Ulcer feels ok, but sore, is painful, Pain level 7/10.</p> <p>O: NAD</p> <p>EXT: noted improved ulceration of L ankle</p> <p>A: states ulcer</p> <p>P: (1) Education - Pla in 1 week - Pt understands (2) area cleaned &amp; debrided, silverene as some boot applied.</p>
	 Eric Asp PA-C

CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrines  
 ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General  
 ( ) Other

101 OIC Logistics/leg c

SUBJECTED TO CONVVAZOL

12/10/04

Tx'd for leg spasms & pedigo,  
 c/o pain in hip; & Osteoar

10/20

Tran  
flow

Med. Compliance:

OBJECTIVE: (Review System) Age: 51 Sex: Male Race:

B / P: 110/70 P: 70 Wt: 227 T: R / R: SO2%: Peak Flow:

HEENT: NC

Last Op / Opth. Eval.:

Heart: 8pm

Diabetic foot  
Screen Test Steps:

Lungs: NC

Cr ankle healing only

Abdomen: NCBSR

Anoscopy: distal

Genital / Rectal:

is lateral malleolus

Extremities:

Neuro:

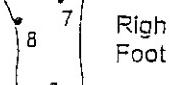
Left  
Foot

Recent Lab Results:

HbC 55 DFP 607

ASSESSMENT(S):

Diabetic foot  
Screen Test Steps:



Right  
Foot

#### DSM IV Classification

Axis I:

Axis IV:



Axis II:

Axis V: GAF Score:



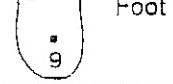
Axis III: Hep C Peph Van de Ede



Preventive Care:

Diet:

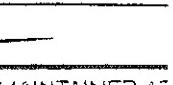
Exercise:



Tobacco Use: never

Medication Side Effects:

no



HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT  
FCI McKean

ISOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

ENTRIES IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;  
 or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

07928-078

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STAN RD FORM 600 (REV. 6-87)

Printed by GSA / ICMR

File No. (1 CFR) 201-202-1

000019

Daryl Cherry

DATE:	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	<p>Patient Education:</p> <p>(<input checked="" type="checkbox"/>) Discussed Test Results (<input checked="" type="checkbox"/>) Discussed Tx Plan</p> <p>(<input type="checkbox"/>) Etiology, Complications, Prognosis, Prevention</p> <p>(<input checked="" type="checkbox"/>) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (<input type="checkbox"/>) No Smoking</p> <p>(<input type="checkbox"/>) Medication Dosage / Administration / Compliance / Side Effects</p> <p>(<input checked="" type="checkbox"/>) Patient Understood Topics (<input checked="" type="checkbox"/>) Verbalized Understanding</p> <p>(<input type="checkbox"/>) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.</p>										
	<p>Diagnostic Studies: (<input type="checkbox"/>) CBC / Dif (<input type="checkbox"/>) U/A (<input type="checkbox"/>) LFT (<input type="checkbox"/>) Chem. Profile (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) HgA1c  <input type="checkbox"/>) PSA (<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) CD4 (<input type="checkbox"/>) Toxo IgG. (<input type="checkbox"/>) Hepatitis Panel  <input type="checkbox"/>) CXR (<input type="checkbox"/>) EKG (<input type="checkbox"/>) Others:</p>										
	<p>Consultations: (<input type="checkbox"/>) Optometrist (<input type="checkbox"/>) Ophthalmologist (<input type="checkbox"/>) Orthopedic Surgeon  <input type="checkbox"/>) Others:</p>										
	<p>Referral for Vaccination: (<input type="checkbox"/>) Influenza (<input type="checkbox"/>) Pneumococcal (<input type="checkbox"/>) Other:</p>										
	<p>Return to Clinic for routine Follow-Up on: 4mo</p>										
	<p>Treatments(s):</p> <p>HCTZ 50mg po qd #30 RP3  Kcl 10meq po qd #30 RP3  Trental 400mg po tid #90 RP3  Tyrosol 550mg po bid #30 RP22</p>										
	<p><b>Referred to commissary for OTC medications.</b></p>										
	<p>Reviewed By: V. Geza, PharmD</p>										
	<p>N. Bell H. BEAM, MD FCI MCKEAN 600020</p>										

NSN 7540-00-634-4178

Document 20-92 Filed 09/21/2005 Page 22 of 40

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10/7/04 (S) RIC / Fell 10/1/04 - Unw. Boot D) LLE  
 10x20m passes glass under septum/healing.  
 Reports - doing well & ++ healing.  
 Removed boot prior to carnival.  
 (C) (AO x3, NPI), Ambulatory, Dashed.  
 LLE - Glass Warr x2 - Medial Malleolus  
 ↓ Lateral Malleolus  
 - Medial → ++ healing = 85%-90% resolved.  
 Latr. → + healing 8 min. D per 10/1/04.  
 (P) Stasis Ulceratus / PRD / Peripheral Neu.  
 (P) Supply Unw. Boot Dressing  
 RIC & wk - reassess & supply a appropriate  
 RIC PRN  
 Edm. understands - agrees

Robert E. Plotrowski, PA-C  
 FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
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Cherry 07928  
 Daryl 078

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1

600021

**600022**

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9-2-04	Adm. note Admin. note - Reports doing well Sealing continues SP 8/25/04 Denies acute DS CPO x3, ADD, Cpp hydatid C diff 4x4's / Kling / Silverstone issued.
	Robert E. Pietrowski, PA-C FCI McKean
9/9/04	Adm. note - Supplies given status 1000 doing well no complaints
	J. Glenn, FNP-C FCI McKean
9/16/04	Adm. note - Due for supplies 1015 for dsq 1 (see note 9/2/04) Supplies given, denies pain
	J. Glenn, FNP-C FCI McKean
9/23/04	Adm. note - Supplies (4x4, Silverstone, Kling) issued. 0800h Robert E. Pietrowski, PA-C Robert E. Pietrowski, PA-C

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Cherry, Daryl  
07928-078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

600023

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/30/04 0930h	<p>Admiz. Note      Reports to Plus Supplies      Reports to RIC - doing very well      L-110 - Not responding to standard      dressings may apply Uva Boot      RTC 10/1/04 (D 0930h) to Uva Boot      Understands / agrees</p> <p><i>R</i></p> <p>Robert E. Plotrowski, PA-C FCI McKean</p>
10/1/04 0930h	<p>(S) 51 y/o MALE RTC w. skin lesion L10-middle/foot      HX Same c PVD      (C) CROR3, NAD, ambulatory, Q offset      L10-middle foot <math>\Rightarrow</math> 9 fragments c diffuse      Waxy c small cutaneous ulcerations      Dolorous q/pal, + diffuse tend.      (P) PVD - skin ulceration L10-middle/foot      Cleaned, sutured &amp; 1420      Apply Silverdene (Uva Boot)      RTC x/wk - easens &amp; if approximates      ready Uva Boot c continue Qwk till      resolve <math>\Rightarrow</math> is slow/q remove <math>\Rightarrow</math> C95      Eduard/Counsel <math>\Rightarrow</math> Understands / agrees.</p> <p><i>R</i></p> <p>ROBERT E. Plotrowski, PA-C FCI McKean</p>

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/5/04 1300	① RT Leg. Redness UNNA boot ② WAD see 7/29/04. X → area w/ ulcer, ↓ ulcerative regions 1113 some tenderness & edema, slight ③ Venous Stasis Dermatitis Rx: Cellulox ④ 1. Cleaned ② leg & feet 2 Applied Silvadene UNNA boot to (R) foot + leg overcast & flexible + ACE. 3. Keflex 250mg Tpo QID x 7d +28 NR 4. Rev in 7 days. PT is experienced w/ RE: wound care + his Dr (NO ED) (today)
	Reviewed By: V. Geza, PharmD
	 STEVEN LAROZZI PA-C Physician Assistant

8/12/04 1300	① Here for dg A RT. leg & complaints ② WAD area healing well no s/s of infection ③ Status�fer RT. leg / foot ④ 1) Area cleaned w/ H <sub>2</sub> O + H <sub>2</sub> O <sub>2</sub> 2) Silvadene + Unna boot applied 3) Educated on skin care + I/U
--------------	--

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
PONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
ATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

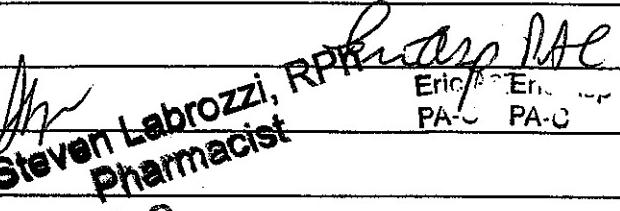
CHERRY, Darry  
C1928  
078

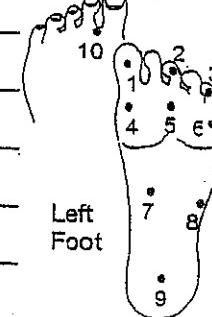
## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

600025

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/19/04	(5) Dressing Δ. No complaints
0920	Refuses to take NSACDs / APAP b/o Hepatitis for Cx PAIN, despite reassurance.
	(c) NAD: (R) fact: previously ulcerative areas are healed. (L) fact: 2 ulcerative areas: dorsum at base of toes 3 & 4 lateral aspect of foot near arch.
	(A) Venous Stasis Dermatitis
	answ/ee 8/19
	(D) 1. Cleared both feet + (R) leg = 1:1 H2O/10% NS: 1150. Painted areas w/ Betadine Applied Silverdene to ulcerative area of (L) foot + to formerly ulcerative area of (R) foot. 2. UNNA boot applied to (R) foot/leg. 3. Gauze dressing applied to (L) foot 4. Supplies given for self-dressing wound care. 5. Rev in 1 week.
	Steven Labrozzi, PA-C  Physician Assistant
8/25/04	(5) Dressing change Hep A&B vaccine -
1340	Deato doing well, no pain
	(O) NAD
	(R) foot C healed area - wavy skin intact (L) foot C ulcerated areas +
	A) (1) vaccine injection (2) dressing Δ
	B) (1) Education - Pt as scheduled - Pt understands (2) area cleared and bandaged - Pt aware boot (3) injection given w/ difficulty - twice see form
	C) (4) Tylenol 325 mg #1 PO TID PRN diphen #30 R 3 (5) supplies given
	 Steven Labrozzi, RPh/PA-C pharmacist Eric E. Er... PA-C PA-C
	Referred to commissary for OTC medications.
	600026
	Steven Labrozzi, PA-C physician Assistant

MEDICAL RECORD   Case 1:04-cv-00292-SJM-SPB		CHRONOLOGICAL RECORD OF MEDICAL CARE Document 20-92 Filed 09/21/2005 Page 28 of 40		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
	<b>CLINIC(S):</b> ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrines ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other: <i>Hep C Status A's Depth Var D3</i>			
	<b>SUBJECTIVE:</b> (Chief Complaint)			
<i>13/04/2004</i>	<i>Had one foot &amp; leg swelling, &amp; leg</i>			
<i>T3</i>	<i>diagnosed Hyc</i>			
	Med. Compliance:			
	<b>OBJECTIVE:</b> (Review System) Age:		Sex: Male	Race:
	B / P: <i>110/60</i>	P: <i>70</i>	Wt: <i>229</i>	T: R / R: SO2%: Peak Flow:
	HEENT: <i>neg</i>		Last Op / Opth. Eval.:	
	Heart: <i>220</i>			
	Lungs: <i>Clean</i>		Diabetic foot Screen Test Steps	
	Abdomen:			
	Genital / Rectal:			
	Extremities:			
	Neuro:			
	Recent Lab Results: <i>ACT 51 FDP 8.8</i>		Diabetic foot Screen Test Steps	
	<b>ASSESSMENT(S):</b>			
	DSM IV Classification			
	Axis I:		Axis IV:	
	Axis II:		Axis V: GAF Score:	
	Axis III: <i>Hep C with Vac D3 c edema</i>			
	Preventive Care:		Diet: <i>W/Chl</i>	Exercise: <i>yes</i>
	Tobacco Use: <i>over</i>		Medication Side Effects: <i>no</i>	
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT	
ONSOR'S NAME	SSN / ID NO.	FCI McKean		
PATIENT IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade		REGISTER NO.	WARD NO.	
		<i>07928-078</i>		

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

FIRM (41 CFR) 201-202-1

*000027*

*Darryl Cheny*

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:	<i>clear</i>									
	Patient Education:										
	<input checked="" type="checkbox"/> Discussed Test Results <input type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or running out of medication, should sign up for sick-call or send cop-out.										
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:										
	<i>Thighs</i> Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other: <i>storage</i>										
	Return to Clinic for routine Follow-Up on: <i>3 mo</i>										
	Treatments(s):										
	<i>Hctg 50 mg - no QD #30 RF 2</i> <i>Kd 10 mg twice #30 RF 2</i> <i>Trental 400 mg spntid #90 RF 2</i>										
	<i>J. J. V. Geza, MD</i> <i>FCI MCKEAN</i>										

000028

NSN 7540-00-834-4178

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/16/04	EMERGENCY
1130	<p>(3) Pt presents at HSI with profuse bleeding of (R) ankle lesion.</p> <p>(1) NAD: Rt ankle in dressing from 7-15 (see 7-15) dressing + sock → profusely soaked in blood</p> <p>After dressing removed: same ulcerative lesion at lateral aspect of foot as on 7/15</p> <p>There is no active bleeding at time of exam</p> <p>(4) Hemorrhagic episode: ulcerative lesion, Venous stasis dermatitis</p> <p>(1) 1. Area cleansed with NS and 1:1 NS-H<sub>2</sub>O<sub>2</sub> 2. Pressure bandage applied to gauge, Flex, 1k. 3. Supplies given to Pt for re-dressings: MOISTEN, ACE also present.</p> <p>+ FFC prn.</p>
	<p style="text-align: right;"><i>SL</i></p> <p>Steven Labrozzi, PA-C Physician Assistant</p>
7/12/04	Admin Note:
1045hr	<p>Dressing supplies issued for self Dis</p> <p>In reports during we O.</p> <p>PTC 7/29/04 and PRR</p> <p>Lendables /ayer</p> <p style="text-align: right;"><i>R</i></p>
	<p style="text-align: right;">Robert E. Plotrowski, PA-C FCI McKean</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
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Cherry, Darrel

07928  
078CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000029

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/19/04 0945	<p>(③) Rev legs. Re Supply - dressing [Venous stasis Dermatitis + Ulcers]          40+ pain... NAP not working well. Pt is MOTRIN but is          reluctant to use it b/c HCV.</p> <p>WANTS: Unna Boot to (②) Leg          Convalescence x 1 week</p> <p>Pt states: he has enough AT.P, MOTRIN, Silvadene</p>
(①) NAP	<p>SKIN: LE --- has Venous stasis dermatitis &amp; irregular ulcerated skin texture, several superficial, soft, non-purulent ulcerative lesion (①) foot &gt; (②) foot.</p>
(①) Venous Stasis Dermatitis	
(①)	<ol style="list-style-type: none"> <li>1. Cleaned areas <math>\cong</math> 1:1 <math>H_2O_2</math> - NS</li> <li>2. Applied Silvadene, Unna Boot to (②) foot + leg:            Overlayed w/ Flexilite + ACE</li> <li>3. Applied Silvadene, Gauze, Flexilite + tape to L foot</li> <li>4. Pt encouraged to use MOTRIN prn severe pain</li> <li>5. Convalescence x 1 week</li> <li>6. RTC in 7 days: Rev + re Dress + re Apply UNNA Boot</li> </ol>
	<p><i>SL</i> Steven Labrozzi, PA-C      Physician Assistant</p>

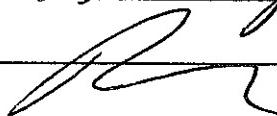
## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

6/24/04 (3) 51 y/o MA ♂ RTC (1) Status ✓ Venous stasis  
 0950 h Ulcer (2) Toenails - hyperpigmented & long  
 need for trimming  
 Report - doing very well - mostly healed  
 (1) C of tender red discharge; has plenty pus  
 (2) CPO x 3, NPI, Ambulatory, Dapper  
 LLE - Foot/Ankle - intact, 95% healed  
 (+) hyperpigmentation; ♀ Ulcer 6mm  
 Bilat Feet - Digits - Nails - sig. everyone  
 (+) hyperkeratosis.  
 (A) PVI - fibrous granulating skin, the  
 Hyperkeratosis elongated greyish toe nail.  
 (P) Continue Rx as prescribed  
 Allow IM to employ (H) nail clippers -  
 procedure wedge clipping reserved  
 Nail clipping procedure completed by FCI McLean  
 RTC as per scheduled weekly (P) Rx  
 Educated & Understands Rx agrees.

  
 Robert E. Plotrowski, PA-C  
 FCI McLean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McLean

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.

Cherry, Darrel  
 07928  
 078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

 STANDARD FORM 600 (REV. 6-97)  
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 FIRMR (41 CFR) 201-9.202-1

000031

## DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

7/18/04 Admin Note - Picked up supplies  
for my dog. *John Glenn FCI McLean*

7/18/04 Admin Note - RTC P/L supplies.  
Reports doing well & cont'd. Healing of cuts.  
Supplies issued to RTC *John Glenn FCI McLean* (scheduled)

*DR*  
Robert E. Plotrowski, PA-C  
FCI McLean

7/15/04 (5) - Dressing Δ + re-supply of dressing material  
12:30 - Do laceration to finger .... occurred last night while reaching into his locker, + an unguarded razor cut him.

## (6) NAD

LACERATED FINGER: (④ blood clot in place  
④ hemostasis  
⑤ edema/brythema } near fingertip / nail  
x 5 mm laceration

Lower extremities/feet: Skin has irregular texture + color (hyperpigmentation)  
② lateral foot: superficial 1" skin tear  
② foot: at least 3 sites on verge of tearing/ulceration

## (7) - Laceration

- Venous stasis dermatitis /ulcer

(8) 1. SILVADENE CREAM Apply to tot QD 50gm #1 Rx5  
dressing changes

RPh

Steven Labrozzzi, Pharmacist

2. Finger: cleaned & Betadine. STIK-IT + STERI STRIPS applied  
to reinforce approximation of wound margins.  
Large bandaid applied over strip

3. Feet: irrigated & Betadine. Dressed & Silvadene, DSB,  
Flexilite, + tape

4. Pt ED. wound care. RT of suppuration / edema/ infection occurs.  
5. Rx in 1 week.

6. Dressing supplies  
issued for  
IM self-care.

*SL*  
Steven Labrozzzi, PA-C  
Physician Assistant

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7840-00-634-4178

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## DATE

## SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5/27/04 S. Inj. #1 of 3 per Dr Bean  
 1030 O' cellulitis  
 A: cellulitis  
 P: Rocephin 1 gram IM Q. distal  
 N. NELSON, LPN

Reviewed by D. Olson, MD  
 Date: 6/11/04

5/28/04 Admin Note - Rocephin injection #2 of 3  
 1030 AM Rocephin 1 gm LT. Buttock  
 Procedure Tolerated well & prudent  
 Dx Cellulitis RLO-Leg.  
 Pt to PRN & 5/29 by Drn Injct #3  
 EM Andromax & doxycycline

Robert E. Piotrowski, PA-C  
 FCI McKean

05/29/04 Admin Note: Rocephin Injection #3 of 3

1105 hrs. 1 gram IM in left Buttock - No problems w/ injection.  
 @ cellulitis.

Reviewed by D. Olson, MD  
 Date: 6/11/04

B. Douthit EMT-P

B. Douthit, EMT-P  
 FCI McKean

## HOSPITAL OR MEDICAL FACILITY

## STATUS

## DEPART./SERVICE

## RECORDS MAINTAINED AT

FCI McKean

## SPONSOR'S NAME

## SSN/ID NO.

## RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

67928-679

Darryl Cherry  
 First M. I. N. 5/27/04 Last

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
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 FIRMR (41 CFR) 201-9.202-1

000033

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/3/04	S: R/V cellulitis and got dressing supplies. States 1200 that he is doing well & just a little pain 5/10 O: N.S.P.
	bxx noted (R) lower leg = some warmth, hyperpigmentation and erythema and edema.
	A: cellulitis
	P/I/O Education - wound care - Pt understands
	(2) dressing supplies - given <span style="float: right;">FCI MCKEAN</span>
	(3) Flu as scheduled <span style="float: right;">D'ESPAGNE, PA-C</span>
	(4) acetaminophen 325 mg t.i.d PRN dipine #30 R-1
	(5) Celeflex 500 mg t.i.d QID dipine #56 R-0
	<i>Eric Asp PA-C</i>
	Reviewed by: V. Geza, PharmD
	<i>Eric Asp, PA-C</i> Eric Asp, PA-C FCI-McKean
6/10/04	Rt C F/u
1130 h	Reports - Doing well = plenty of lymphedema Has another appt. elsewhere & requested a reschedule to next week. Agreed - Reschedule per regular weekly v's (+ Rt C PRN.
	<i>Robert E. Pietrowski, PA-C</i> Robert E. Pietrowski, PA-C FCI McLean
6/17/04	Admin Note: dressings given
1230	<i>N. NELSON LPN</i>
	<i>6/17/04</i>

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Urgent visit -
5/27/04 s/ 1055	3 day hx of redness R lower leg painful to touch and fever URI recently
	BP 90/60 P70 T95.8
	R lower leg redness to mid calf from ankles
	Has Tylenol
	Chronic sinus A's Bi laterally
	A1 cellulitis R lower leg
	P1 PT ed - signs of increased sepsis - ↑ redness; fever - undifferentiated
	Ceftriaxone 1 gram IM QD x 3 days
	Plan: Iceflox 500 mg QID #50 RRT
	Daily chkd. oral x 3 c PAF Then Q week x 2
	Reviewed by V. Geza, PharmD
	MC
	H. BEAM, MD ECI MCKEAN

## MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5/20/04 (S) 51 y/o MALE Hx Venous Insufficiency LTC - colored  
 1230pm Check RT. Leg - Ulcer & Lt. ankle ulcer.  
 - To see PRD & P/M Dressing & supplies.  
 Reports - Healing well & need refill Stimulase.com  
 (C) 5/20/04, NAD, Ambulatory, Dystent  
 Retinal LP's ulcers - healing well & discharge  
 GNT @ RT. LE - anterior Tibia & LLE - medial ankle.  
 (P) Venous Insufficiency & Stasis ulcerations  
 (P) PRW - dressing & supplies  
 Sterile Exam 1/2 AAA bandaged #1-pyx/  
 LTC PRN Educated /Understand /Agree

  
 Robert E. Plotrowski, PA-C  
 FCI McKean

  
 Steven Labrozzi, RPh  
 Pharmacist

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
 Date of Birth; Rank/Grade.)

REGISTER NO.

07928-078

WARD NO.

Cherry, Darryl

## CHRONOLOGICAL RECORD OF MEDICAL CARE

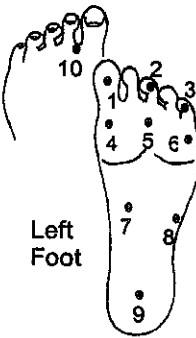
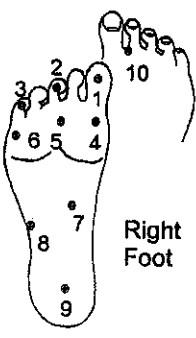
Medical Record

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 FIRMR (41 CFR) 201-9.202-1

000036

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)				
	<b>CLINIC(S):</b> ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrines ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other: <i>Hep C</i>				
5/5/09 0950	<b>SUBJECTIVE:</b> (Chief Complaint) <i>feeling - clear (less pain lately)</i>				
	Med. Compliance:				
	<b>OBJECTIVE:</b> (Review System) Age: 51 Sex: Male Race: B / P: <i>132/80</i> P: 70 Wt: T: R / R: SO2%: Peak Flow:				
Diabetic foot Screen Test Steps 	HEENT: <i>OK</i> Last Op / Opth. Eval.: Heart: <i>OK</i> Lungs: <i>Clear</i> <i>and clear</i> Abdomen: <i>clear</i> Genital / Rectal: Extremities: Neuro: Recent Lab Results: <i>ACT 08 (another test after that lost)</i>				
Diabetic foot Screen Test Steps 	<b>ASSESSMENT(S):</b> <i>Hep C, very aware D3</i>				
	<b>DSM IV Classification</b> Axis I: Axis II: Axis III: <i>Hep C, very aware D3</i> Preventive Care: Diet: <i>water</i> Exercise: <i>yes</i> Tobacco Use: <i>clear</i> Medication Side Effects: <i>no</i>				

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name – last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO. *07928-079* WARD NO.

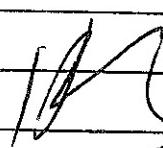
## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

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Darryl Cherry

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	<b>PLAN:</b>										
	<b>Patient Education:</b>										
	<input type="checkbox"/> Discussed Test Results <input type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Instructed If Problems or if running our of medication, should sign up for sick-call or send cap out.										
	<b>Diagnostic Studies:</b>										
	<input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	<b>Consultations:</b>										
	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:										
	<b>Referral for Vaccination:</b>										
	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococal <input type="checkbox"/> Other:										
	<b>Return to Clinic for routine Follow-Up on:</b>										
	<b>Treatments(s):</b>										
	K cl 10 mgm - po QD #30 AFZ Hctz 50mg - po QD #30 PRZ Tramadol 400mg - po t.i.d #90 PR										
	Reviewed By: V. Geza, PharmD										
	 H. BEAM, MC ECI MCKEAN										
	600038										

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/04 1230	S: Dsg N and supply pick up. O: NAD A: ulceration, healed over, q drainage. P: Dsg N, Silvadene applied and dry gauge. Supplies given for one week.
	<i>N. NELSON, LPN</i>
4/14/04 1400	Administr Note - (See above note) Rx - Silvadene oint. to area 610 #1 Rx!
	<i>J. Glenn FNP-C</i> Reviewed By: V. Geza, PharmD
4/22/04 1300	③ Rev leg lesions. Re-dress. Re-supply for self dressings. Pt states: sores are much improved: no open sores. REQUESTS Thigh-high TED
	④ NAD SKIN: Lower Left Leg: extensive lesions & scaling, hyperpigmentation, zones with small papules + larger nodules
	⑤ Various trafficking / stasis Dermatitis
	1. Cleaned areas & betadine 2. Redressed & Silvadene, Sterile 4x4, Flexelite, Tape 3. 7 day supplies given for self-dressings. 4. Rev in 1 week 5. NO Thigh-high TED in stock 6. Pt ED previously done. Pt understands the plan.
	<i>LUCIAN LACOTOLZZI, PA-C</i> <i>Physician Assistant</i>

HOSPITAL OR MEDICAL FACILITY      STATUS      DEPART./SERVICE      RECORDS MAINTAINED AT

SPONSOR'S NAME      SSN/ID NO.      RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

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## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

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FIRMR (41 CFR) 201-9.202-1

Cherry, Darryl

000039